

<b>Case Number:</b>	CM13-0043324		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/29/2007
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 59-year-old male who reported an injury on 10/29/2007. The mechanism of injury was stated to be the patient's foot slipped down an embankment. The patient was noted to have low back pain rated as 7/10 to 9/10 on the pain scale. The patient was noted to be taking Zanaflex with no benefit, MS Contin 15 mg per day, and Norco 10/325 mg 7 to 8 per day, and Senna 2 per day. The patient indicated the medications helped decrease the pain and the patient denied side effects with the medications. The patient indicated the Norco and MS Contin decrease the pain from a 9/10 to a 5/10 on the pain scale. It was indicated these medications helped improve the patient's activity level, helped him sit longer, stand longer, and walk longer. The patient was able to do more daily activities including washing dishes. The patient was noted to be in the office for medication refills. The request was made for medication refills and 1 urology followup.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### ONE UROLOGY FOLLOW-UP: Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, section on Office Visits.

**Decision rationale:** The Official Disability Guidelines recommend followup office visits with a health care provider based on the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There was a lack of documentation in the medical records provided for review regarding the rationale for the requested service. Given the above, the request for 1 Urology follow up is not medically necessary and appropriate.

**MS CONTIN 15MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, morphine sulfate Page(s): 78, 98.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that morphine is reserved for patients who are in need for continuous treatment and there should be documentation of the 4 A's for ongoing management including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical documentation indicated that the Norco and MS Contin decreased the pain from a 9/10 to a 5/10 on the pain scale. It was indicated these medications helped improve the patient's activity level, helped him sit longer, stand longer, and walk longer. The patient was able to do more daily activities including washing dishes, etcetera. The patient indicated that the medications were taken together, as such; there would be an inability to indicate the analgesia of the requested medication. Given the above, the request for 1 prescription of MS Contin 15mg, quantity 60 is not medically necessary.

**HYDROCODONE/APAP 10/325MG #225:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen Page(s): 78, 91.

**Decision rationale:** The MTUS Chronic Pain Guidelines state Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The patient was noted to be taking 7-8 tablets per day. The clinical documentation indicated that the Norco and MS Contin decreased the pain from a 9/10 to a 5/10 on the pain scale. It was indicated these medications helped improve the patient's activity level, helped him sit longer, stand longer, and walk longer. The patient was able to do more daily activities including washing dishes. The patient indicated that the medications were taken together, and as such, there would be an inability to indicate the analgesia of the requested

medication. Given the above, the request for 1 prescription of Hydrocodone/APAP 10/325mg, quantity 225 is not medically necessary and appropriate.